

CHAPTER 12

SECTION 4.1

TRICARE OVERSEAS PROGRAM (TOP) - HEALTH CARE FINDERS (HCF)

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I. DESCRIPTION

The TRICARE Overseas Program (TOP) Health Care Finder (HCF) is an administrative activity established by the Lead Agent, or designee, in designated TOP areas to facilitate referrals of TOP beneficiaries to military and civilian health care services.

II. POLICY

A. In each Lead Agent designated TOP Service Center, an HCF activity shall be established that is responsible for facilitating referrals for specialty health care and for authorizing certain health care services. Additionally HCFs shall inform beneficiaries of access mechanisms, referral procedures, and rules regarding use of host nation TOP network/non-network providers. They shall also improve beneficiary continuity of care by establishing mechanisms to facilitate necessary consultations, follow-up appointments and the sharing of medical records. The TOP HCFs will serve all Military Health System (MHS) beneficiaries in the region, including Medicare eligibles, regardless of their enrollment status.

B. The TOP HCF is responsible for the following functions:

1. Referrals--The TOP Lead Agent and/or MTF Commander is required to ensure optimal use of Military Treatment Facilities (MTFs) and to foster coordination of all care delivered in the civilian sector and care referred to and from the MTF. The TOP HCF is the primary mechanism for achieving these objectives. The referral services of the TOP HCF are primarily to ensure access to care for enrolled beneficiaries, but the TOP HCF is also available to assist non-enrollees in finding network/non-network host nation providers. (NOTE: Medicare does not pay for care delivered outside the 50 U.S. States and U.S. territories). For TOP Prime enrollees, the referral is generally initiated by the beneficiary's Primary Care Manager (PCM). The PCM or beneficiary contacts the TOP HCF for assistance in locating an appropriate provider and to obtain authorization for the care.

2. Authorizations--The TOP HCF will authorize care for TOP Prime enrollees. Most health care received from other than the beneficiary's primary care manager must be authorized by the TOP HCF.

a. Care subject to a PCM referral/authorization may receive a clinical review and authorization.

b. If a TOP Prime enrollee receives care that was not authorized by the Lead Agent or designee, the care may be covered under the TOP Point of Service option, with Point of Service deductibles and cost-shares. The care must also be otherwise covered.

3. Nonavailability Statements--In some TOP regions, the Lead Agent may delegate to the HCF the responsibility for issuing NAS's.

C. Qualifications--HCF staff who perform authorization functions and/or such administrative functions as appointment scheduling, etc., must have training or experience that qualifies them for the duties of the position.

D. Standards--To the extent possible the TOP Lead Agent or designee will ensure the TOP HCF functions are made available in each designated TOP Service Center and the service center is sufficiently staffed. Additionally, TOP HCF services must be made available through an accessible toll-free 800 number staffed 24 hours per day with qualified TOP HCFs.

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